



## BREWER WATER DEPARTMENT APPLICATION FOR SERVICE

Date: \_\_\_\_\_ Date Service Requested: \_\_\_\_\_

Account No. \_\_\_\_\_

Have You Had Service With Brewer Water Dept. Before: \_\_\_\_\_

Address Of Previous Service: \_\_\_\_\_

Name of Applicant: ( Please Print) \_\_\_\_\_

Name of LandLord (If Tenant) \_\_\_\_\_

Address to be Serviced: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Driver's License # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Type of Service Required:

- Residential    Commercial  
 Industrial    Governmental

Size of Service: \_\_\_\_\_

Sprinkler:  Yes  No

Size of Sprinkler System \_\_\_\_\_

Number of Fire Hydrants \_\_\_\_\_

The undersign hereby applies for a supply of water for the premise at the above stated address, which is owned by \_\_\_\_\_ and occupied by: \_\_\_\_\_ as a owner/tenant and hereby acknowledges that they have reviewed a copy of the Terms and Conditions of the Brewer Water Department and will conform with all requirements. A copy of the Terms and Conditions is available at the Water Department office at 223 Greenpoint Rd.

Date \_\_\_\_\_ Applicants Signature \_\_\_\_\_

Please Print \_\_\_\_\_

Landlord Signature \_\_\_\_\_

(If tenant fails to pay water bills liens are filed against the property)

\*\*\*\*\* Please return this Application for Service within ten ( 10 ) days \_\_\_\_\_  
or a disconnection notice will be issued. If you have any questions please call our office at  
989-4214, our hours are Monday thru Friday 8:30 A.m. to 4:30 p.m.

Return to: Brewer Water Dept., 223 Greenpoint RD, Brewer, Me. 04412, **OR** Fax: 989-2883

We are an equal opportunity employer and service provider.